General Instructions, Attachment C

How to Respond to Questions with Vendor Response Column

A   Place an **A** in this column if the required functionality is **Currently Available** in the software release/version upon which you are basing this RFI response.

B   Place a **B** in this column if the required functionality is **Available** but **Requires User/Client Configuration**. This column should be used only in a situation where a built-in capability exists to easily configure the functionality without a development effort.

C   Place a **C** in this column if the required functionality is **In Development** and will be available to all clients as a part of a standard software release within **six months** of the closure date of the RFI. In this situation, please provide the month and year (MM/YY) this release will be available in the Comments Column. If the release date is scheduled later than six months, please place an **F** and see the instructions for that letter.

D   Place an **E** in this column if the required functionality would only be available via a **Vendor Modification** and **the Exchange** would be expected to fully or partially fund the cost.

E   Place an **F** in this column if the required functionality is **Not Available** or not feasible to develop into the core product. Also, place an **F** if the required functionality is in development but will not be in general release for at least six months. In this situation, please provide the **MM/YY** and release number when this release will be available.

Comments Column

If a narrative response would be helpful in responding to a question within the grid, enter the response or clarification in the **Comments** cell for that particular requirement. For example, the requirement can only be satisfied by using the ad hoc report writer, please put **"via ad hoc report writer"** in the **Comments column**.

The **Comments column** can also be used to reference any relevant attachments. Identify attachments by the requirement number and letter (if applicable) and, when possible, provide the attachments in electronic form as well as hard copy.

Req. #	Requirement Description	Vendor Response	Vendor Comments
1.	**General System Requirements**		
1.1	Does the system meet all information technology requirements under federal law, regulations, and guidance, including but not limited to: • Guidance for Exchange and Medicaid Information Technology (IT) System, Version 2.0 http://www.cms.gov/Medicaid-Information-Technology-MIT/Downloads/exchangemedicaiditguidance.pdf • HIT Standards Section 1561 of ACA, Eligibility and Enrollment Blueprint-Exchange Business Architecture Supplement draft, Version 0.5, March 10, 2011 • Collaborative Environment and Life Cycle Governance-Exchange Reference Architecture Supplement Version 0.91, March 16, 2011 • Exchange Reference Architecture: Foundation Guidance Version 0.99, March 16, 2011 • Harmonized Security and Privacy Framework Exchange TRA Supplement Version 0.95, March 16, 2011 • Medicaid and Exchange IT Guidance: Framework for Collaboration with State Grantees, March 16, 2011 • Enhanced Funding Requirements: Seven Conditions and Standards: Medicaid IT Supplement (MITS11-01-v.1.0), April 2011		

1.2	Will the system integrate with existing infrastructure for consumer screening, applications and eligibility determinations for Medicaid, CHIP and potentially the subsidy program, with newly established Navigator and consumer assistance functions in a manner that is seamless and transparent to Arizona citizens?		
1.3	Does the system include top-level system administration, including the ability to assign subordinate administrators authority to each subsystem?		
1.4	Does the system include subordinate administration, including the ability to establish user profiles and grant user authority to add, edit, delete and view information maintained in the system; establish subsystem content and requirements (such as questions on an application, checklist items for coverage offerings, etc.), business (processing) rules, application instructions and help text, time limitations (maximum days to process X), decision paths, etc.?		
1.5	Does data transfer and reporting satisfy requirements of HHS, CMS, AHCCCS and ADOI; and is the proposed system flexible to accommodate changes to information needs, but configurable regarding access to information?		
2.	**Plan Management**		
2.1	Does the system handle steps for certification of Qualified Health Plan (QHP) approval, including:		

2.1.1	Applicant registration process, requiring an applicant to designate an application administrator?		
2.1.2	Application completion, review and submission, including checklists and/or dashboards?		
2.1.3	Application review through a workflow process with decision-making potentially by various individuals for different parts of an application?		
2.1.4	Timeframes accounting with dashboards and notifications to ensure applications are reviewed for administrative completeness and substance within rules established pursuant to the Administrative Procedures Act in Title 41?		
2.1.5	Automated correspondence (notices of deficiency, automatic application withdrawals, etc.)?		
2.1.6	Application/licensee information maintenance/updates?		
2.1.7	Public access to QHP information?		
2.2.	Does the system handle steps for approval of health plan form and rate (coverage) submissions?		
2.2.1	Does the system have the capability to integrate with an NAIC System for Electronic Rate and Form Filing (SERFF)?		
2.2.2	Does the system allow for the submission of coverage-offering filings by authorized QHP personnel in a manner that promotes uniformity and comparability of plan information, and that ensures inclusion of consumer protections?		
2.2.3	Does the system have the in-system ability to		

	communicate about a filing in a secure, confidential manner?		
2.2.4	Does the system have checklists/dashboards to reflect status of filings?		
2.3	Does the system monitor QHP provider network offerings, including:		
2.3.1	A consistent and easy method for QHPs to add, modify or delete providers in system and the ability to promptly update network description?		
2.3.2	The ability to synthesize enrollment data and provider data to evaluate network adequacy throughout the state?		
2.4	Does the system monitor clinical quality improvement, outcomes, utilization, etc?		
3.	**Coverage for Arizonans**		
3.1	Does the system have the ability to interface with Health-e-Arizona if it is adapted to be a front-end for the Exchange?		
3.2	Does the system include enrollment features such as a registration process for consumer and qualified dependents, including the ability to create and update a user profile through the Internet, over a telephone, using TTY or by other means?		
3.3	Does the system include online, real-time assistance by Internet chat session, by telephone, by TTY and possibly by other means?		

3.4	Does the system have English and Spanish versions?		
3.5	Does the system have simple to locate and use resources for individuals with disabilities?		
3.6	Does the system include automatic direction of consumer to appropriate resources and product options based on information provided?		
3.7	Does the system make it easy to understand and compare product options?		
3.8	Does the system handle transition of coverage inside Exchange (e.g., from one QHP to another or from commercial to non-commercial coverage, including when family members have different kinds of coverage)?		
3.9	Does the system handle termination of coverage (e.g., when someone leaves the Exchange for the traditional insurance market, including communication with employers outside of the Exchange regarding their employee's eligibility for Exchange coverage)?		
4.	**Render Assistance to Arizonans**		
4.1	Does the system provide call center functions – providing a call center with 24x7 contact and support, including: • Educating consumers on their rights and responsibilities with respect to group health plans and health insurance coverage, • Assisting consumers with enrollment in a group health plan or health insurance coverage by providing information, referral and assistance,		

	• Resolving problems for consumers through direct contact with insurers, • Assisting consumers with filing of complaints and appeals where needed, • Coordination of referrals to regulatory agencies, • Collecting, tracking, reporting and reviewing problems and questions encountered by consumers?		
4.2	Does the system provide web portal functions, including but not limited to: • Providing an electronic premium tax credit and cost-sharing reduction calculator that allows individuals to view an estimated cost of their coverage once premium tax credits have been applied to their premium and the impact of cost-sharing reductions, if applicable • Providing plan comparison information?		
4.3	Does the system provide appeals and grievance processes, including: • Eligibility appeals • Employer liability appeals • Carrier benefit coverage appeals and grievances • Provider grievances		

4.4	Does the system have capabilities to assist with the conduct of outreach to educate consumers on their rights and responsibilities with respect to group health plans and general health insurance coverage?		
4.5	Does the system have capabilities to provide assistance with calculation of premium tax credits for small businesses under section 36B of the Internal Revenue Code of 1986 (as added by the ACA)?		
4.6	Does the system incorporate the requirements of the Navigator program including allowing Navigators necessary access, tracking Navigator activities, and tracking Navigator qualifications?		
4.7	Does system include easy access to applications and notices to facilitate program operations and communications with enrollees?		
4.8	Does the system perform individual responsibility determinations (process to receive and adjudicate requests from individuals for exemptions from the individual responsibility requirements of the ACA)?		
5.	**Data Reporting**		
5.1	Does the system have data warehousing capabilities?		
5.2	Can the system track plan performance metrics?		
5.3	Does the system have quality rating and transparency reporting capabilities?		

6.		**Financial**	
6.1	Does the system include capabilities for financial management functions, such as tracking Exchange costs and program funding, transitional reinsurance, risk adjustment payments, and other features to ensure the financial integrity of the Exchange?		
6.2	Does the system include the capability to collect plan data and run risk adjustment?		

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